

U.S National Park Service
Medical Review Form

Natchez Trace

Applicant Name: David Atkins
SSN: [REDACTED]

Date of Birth: [REDACTED]
Examining Facility: Clifford Davis Fed Bldg
Memphis, TN

This review is based on:

- ☒ Report of Medical Examination
☐ Supplemental Medical Information

Date: 6/27/00
Date:

Position: LE Ranger Incumbent

☒ Not Medically Qualified to Perform the Essential Function of the Job. The following medical conditions(s) poses a *significant* risk to the health and safety of yourself and/or others in the performance of essential job functions.

1. Based on the results of your screening test, your distant uncorrected vision is significantly beyond the National Park Service vision standard. The following further information, if provided, may alter your medical qualification. A) Have your eye doctor perform an eye examination and report the results of your distant uncorrected vision, each eye separately and binocularly measured (in Snellen Units); B) Have your eye doctor describe what corrective lenses you use (glasses, hard contacts or soft contacts), and if soft contacts, how long you have been a successful soft contact lens wearer, how frequently you use your contacts, how often and under what circumstances your contacts have been displaced or become fogged up, and whether you have had any complications related to their use (infections, allergic reactions, etc.). It is important that all the above issues are addressed in the report; and C) Have your Chief Park Ranger and supervisor provide a detailed summary of your work history, to include a) length of time performing the same or similar duties; b) exact duties and activities performed; c) environment in which work is performed (weather conditions, night-time work, uneven terrain, adverse exposures, heights, etc.); d) any solo work and amount of time spent in remote areas far from civilization; e) known instances where your contacts were displaced or unable to be worn (for any reason), and f) verification of consistent safe and effective performance of the job.

In addition, the following information is requested:

2. You have diabetes treated with insulin and your blood sugar was elevated at 218. Have your treating physician provide a report regarding your diabetes control, to include: a) history of your diabetes, including date of onset, history of ketoacidosis, medication, diet, activity over the past 5 years, and hospitalizations; b) history of your insulin type and dosages over the past 2 years with dates of any insulin dosage changes; c) the circumstances and outcomes surrounding all episodes of hypoglycemia in the past 5 years, including the number of episodes requiring assistance from others; d) a copy of your blood glucose diary maintained for at least 3 months using a One-Touch II blood glucose device or other equivalent, determined 4 times/day before each meal and at bedtime; e) a copy of all labs taken over the past 2 years, to include a recent assessment of blood glucose, hemoglobin A-1C, and urinalysis; f) any

evidence of medical complications, such as cardiovascular, neurological, or renal disease; and g) a complete eye exam by an eye doctor documenting the presence or absence of eye disease (diabetic retinopathy, macular edema) and full visual field testing.

3. You have a history of asthma although your lung examination was normal. Please submit the following further information to clarify your history of asthma: a) When was your last asthmatic attack? b) What makes your asthma worse? Specifically state whether exercise and cold or hot weather exacerbate your condition; c) Have you ever had to go to the emergency room due to asthma? If yes, how often does it occur and when was your last emergency room visit? d) Have you ever been hospitalized because of asthma? If yes, how often are you hospitalized (number of times per year), when was your last hospitalization, and forward a copy of your last discharge summary or your physicians notes if available; and e) If you are taking either regular or intermittent asthma medications, please obtain a report from your physician stating the severity of your asthma, your current use of asthma medications (prescription or over-the-counter), with dosage and frequency of use, and whether you have any limitations for vigorous intensity physical exercise.

Date of Review 7/29/00
National Park Service Reviewing Physician:

II. Goldhagen, MD, MPH

907821

Signature:

